

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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No. 21.

R. O. COWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE KENTUCKY MEDICAL SOCIETY.

The Kentucky State Medical Society met, according to programme, on Wednesday last and adjourned yesterday morning. The session was one of unusual interest. The attendance, though not so large as at Danville, was far above the average of meetings. The scientific work was well done, a number of good papers having been presented. The audiences on such occasions were more than usually numerous and attentive. The social feature of the meeting was of course exceedingly prominent, as was expected from the locality in which it was held. A superb banquet was spread on Wednesday night, at which two hundred and over sat down. The speeches were exceptionally good. Prof. Whittaker, who answered to the toast of the "Medical Colleges," and Prof. Reamy, who responded to the sentiment of "Our Guests," were exceptionally happy. Indeed, these Buckeye kinsmen put the Kentucky doctors to their trumps to keep up in what they had for many years considered their own game. Gen. Wm. Preston answered for the Law—Medicine's twin brother—and never was the great soldier, scholar, and statesman at better advantage. It is a pity that his remarks could not be preserved, as they would form a magnificent medico-legal document. The usual expressions of affection for Dr. Samuel D. Gross were interspersed among the remarks of several of the speakers. The tribute of General Preston to him was exquisitely done.

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A brilliant reception was held at the Central Lunatic Asylum on Thursday night, at which there was a great array of beauty and a most hospitable board.

Dr. L. Beecher Todd, of Lexington, was chosen for the next president—a deserved compliment to an urbane and scholarly gentleman, and a fitting reward for his long services to the Society. Dr. Thomas, of Pembroke, is the vice-president. Dr. McMurtry, of Danville, succeeds to the all-important office of secretary. Dr. Neet, of Versailles, is treasurer. Drs. Ireland, Roberts, and Reynolds, of Louisville, form the publication committee. A judicial council has also been formed this year, to consist of five members. The list is not with us as yet. Covington is to be the next place for meeting.

The committee of arrangements at Lexington and the physicians generally of the city have put the members of the State Society under lasting obligations for their courtesies.

It was with extreme regret that we came to the end of Mr. Owen's Harveian Lectures on the Surgery of Childhood, which were so admirable in form and so practical in substance. We trust we shall have him again before many months in these pages.

ONE of the non-professional speakers at the Lexington banquet, who had served much in the legislature, made the very acute observation that one of the reasons why doctors sometimes failed to get what they wished out of the law was because they did always agree upon what they wished.

Original.**SHOULDER PRESENTATION, EVISCERATION,
AND RECOVERY.**

BY J. S. PARRISH, M. D.

Was called, March 20, 1880, in great haste to see Mrs. J. E. Blair, fifteen miles distant, upon the north side of Green River, in Edmonson County, Ky., to meet Drs. Baker and Ward in a case of labor. I learned from the messenger that the patient was taken three days before, and that an old lady was sent for, as it was some distance to the nearest physician.

On my arrival I learned from Dr. Baker, who was called the day before, that when he first saw the case Mrs. B. was in active labor, and the child's arm protruding at the vulva; that he tried replacement and version, but could not succeed. He then sent to Mt. Vernon Mills for Dr. Ward, and on his arrival they amputated the arm and made further efforts to deliver the child, but failed; and about two o'clock next morning a messenger was sent for me. I arrived at 9:30 A. M., and found Mrs. B., aged twenty-seven, confined for the fifth time. She was very much exhausted. The labor-pains had all ceased about one o'clock that morning; pulse very low and feeble.

I saw at once that the case was one of great dangerousness, not only from the malposition, but from the decomposition which had already set up, and from the great tenderness and inflammation of the parts from the long-continued pressure and manipulations. There was a dark, offensive discharge from the vagina, and the patient was, as one expressed it, "almost in the jaws of death." I found the pelvis large and the parts completely relaxed, and the child presenting the left shoulder in the first position, head in the right iliac, with the dorsum of the child to the abdomen of the mother.

There was but little time to be lost in consultation, and after a brief interview it was put upon me to operate, which I did by eviscerating the child, thus making room to bring down the lower extremities, which I did with the blunt hook, meeting with but little difficulty. I should have stated that before the patient was put in position for the operation we gave whisky, carb. ammonia, and fluid ext. of ergot. Upon entering the body of the child there was an escape of gas and fluid, the stench of which was almost intolerable, and which came gushing

out with considerable noise. When the gas, fluid, and bowels were all removed, I had quite an easy task to bring down the feet and thus accomplish the delivery. On the expulsion of the child there was a still further escape of offensive serum, and it seemed for a while that the patient would succumb. Further stimulants were given and patient encouraged. I waited a few moments for contraction, and then proceeded to remove the placenta, which I found attached to the body of the womb upon the left side. I introduced my hand and took it away with but little difficulty; all being accomplished in twenty-five or thirty minutes from the time I commenced the operation.

The patient was now dried and put upon another bed. It was with great difficulty that she could be kept awake, as I learned she had taken six doses of sulph. morphia the night before. I ordered spirits and hot, strong coffee to be given, and after about one hour she was allowed to go to sleep. She rested well, and after a short time was aroused. I remained some three hours, during which time a good reaction was being set up, and she talked cheerfully and seemed to be much better than one could have expected considering the terrible ordeal she had passed through. I returned home in the afternoon, leaving the care of the case in the hands of Drs. Baker and Ward, from whom I learned that she made a slow but successful recovery.

I offer this important case to the medical profession without comment, except so far as to say that all delays in such cases are dangerous.

GLASGOW JUNCTION, KY.

Correspondence.*To the Editors of the Louisville Medical News:*

At the meeting of the Boyle County (Ky.) Medical Society held to day the following preamble and resolutions, introduced by Dr. Erwin, were unanimously passed, and a copy forwarded to you in obedience thereto:

Whereas, This society having learned with unfeigned sorrow and regret of the untimely death of Dr. Charles H. H. Sayre, of New York City, whose visit to this city last May is associated with so many pleasant memories, which occurred recently after a brief illness, while yet upon the threshold of a life that gave so rich a promise of great usefulness, and whose attainment and labor had already secured him a deservedly high place in the front ranks of the profession; be it

Resolved, That we deeply deplore the death of Dr. Sayre, in which the profession has sustained so great a loss, and that we extend to his distinguished father, Dr. L. A. Sayre, and the other members of his afflicted family, our heartfelt sympathy in their crushing bereavement, which has deprived them so suddenly of a beloved son and brother and his father of a skillful and efficient associate and assistant in his arduous duties and labors.

Resolved, That these resolutions be spread on the minutes, and a copy forwarded to the family, American Practitioner, Louisville Medical News, and Gailard's Medical Journal for publication.

G. L. DUNLAP,

Sec'y Boyle County Medical Society.

DANVILLE, KY., May 4, 1880.

Reviews.

Wood's Library of Standard Medical Authors for 1880. I. THE VENEREAL DISEASES, INCLUDING STRICTURE OF THE MALE URETHRA; by E. L. KEYES, M. D., of Bellevue. II. A HANDBOOK OF PHYSICAL DIAGNOSIS, COMPRISING THE THROAT, THORAX, AND ABDOMEN; by Dr. PAUL GUTTMAN, University of Berlin. III and IV. A TREATISE ON FOREIGN BODIES IN SURGICAL PRACTICE; by ALFRED POULET, M. D., of the Military School of Val-de-Grace.

We have received the first four volumes of Wood's Library of Standard Medical Authors for 1880, as named above. The appearance of the works is a decided improvement on that of last year, and then it was a marvel that so much in such genteel form could be obtained for so little. We have commended Wood's Library so frequently that we can have but few more words to say in its praise. The scheme is excellent and its execution admirable, and it deserves the subscription of every doctor in the country. We leave for future issues special notices of the several works, and reprint for the information of our readers the following from the Messrs. Wm. Wood & Co.'s prospectus:

We have been stimulated to increased effort to arrange for and offer a much more valuable collection for 1880. The experience of the past year has demonstrated to us, however, that even the maximum limit of three hundred pages to a volume was insufficient to enable us to present many very valuable works which we would otherwise have republished.

After a very careful consideration of the entire subject, we have decided next year to make radical changes in every detail of the preparation and manufacture of these books. There will be no more reprints of old writers. We have contracted with well-known authors, eminent in their specialties, for new and original works upon subjects of present interest to practitioners generally, and especially conforming to the essentially practical character for which we desire this series to be known.

The paper, while retaining its characteristic water-

mark and color, will be more highly finished, wood engravings will be freely used, the muslin binding will be changed for a more tasty and expensive pattern and tint. An entirely new and appropriate design has been cut in metal for the backs and sides; and, more important still, the size of the volumes will be greatly increased, so that larger and more elaborate treatises may be included in the series. The Library for 1880 will contain about *one thousand pages more* than the volumes for 1879. This large increase in the amount of matter and great improvement in the character and appearance of the books will be made by the addition of the trifling sum of twenty-five cents to the price of each volume.

We therefore beg to announce that Wood's Library of Standard Medical Authors for 1880 will consist of *twelve volumes of from two hundred and fifty to four hundred pages each*; new books, concise and practical, closely printed upon fine paper, well illustrated, thoroughly indexed, and in first-class binding. *By subscription only at \$15 a year.* Subscriptions must be for a complete year. *The volumes of this Library will not be sold separately.*

A Guide to the Practical Examination of Urine.

By JAMES TYSON, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, etc. Third edition, revised and corrected, with illustrations. Philadelphia: Lindsay & Blakiston. 1880.

This little book of a hundred and eighty pages contains all of the important points in urinalysis. The older editions, 1874 and 1878, have been exhausted, and this edition has been carefully revised and quite a number of new tests added. In the first part of the book do we especially notice the improvements—new woodcuts, new descriptions of the methods of examination, etc. The author has taken especial pains to give only practical tests. Physicians as well as students will find it a very useful book.

Books and Pamphlets.

MODERN ABUSE OF GYNECOLOGY. By Clifton E. Wing, M. D., of Boston. Read at a meeting of the Suffolk District Medical Society, April 10, 1880.

We make the following extracts from this paper:

It is surprising to see the number of physicians in good standing in the community who are wanting in proper knowledge of the diseases of women, and do not hesitate to confess their ignorance when in conversation with professional brethren, who nevertheless treat patients for uterine ailments, and give them the impression all the while that they are good authority upon such matters. To such an extent is the farce carried that the majority of patients, upon coming to the specialist in this branch, volunteer the information that their family doctors "also make a *specialty* of womb-troubles." . . .

It is an unfortunate fact that what is popularly denominated "success in practice" depends more upon ability to attract public attention and to "impress" the patients and their friends—in other words, "business tact"—than upon professional skill. . . .

Is it any wonder, with such a condition of practice in existence among physicians who are regular graduates, that quacks and pretenders should flourish? What advantage does the patient derive by applying under such circumstances to the "regular?" Why may she not just as well be treated by an ignorant pretender as by the graduated physician? . . .

If the physician be one of those who do not believe in what they term "this new idea of local treatment for uterine disease," perhaps when he is satisfied that there is such a trouble he informs the patient that nothing can be done, sympathizes with her, and tells her that she must wait with resignation for the "change of life," when nature will bring her relief.

. . . *The successful avoidance of an operation is a greater success than the successful performance of the operation.* In a word, the question for the physician to ask himself when the patient presents is not "Have n't I a good chance to do this or that operation?" but, "Can I avoid surgical interference in this case and do the patient justice?" Were this course always followed I am sure there would be less operative gynecology, and that womankind would not suffer in consequence. . . .

The operation—well enough in its proper place—of "division of the cervix uteri" fortunately has now in a great measure "gone out of fashion," and for the present at least is not likely to be abused as in the past, but the picture presented applies equally well to other operations now in vogue and quite as thoroughly overdone. . . .

I can not but feel that the surgical part of the specialty is being pushed far beyond its proper sphere; that in gynecology, at present, operations, including now and then those of very serious nature, are often done where they are not called for, and when it would be better for the patient were they avoided. . . .

The position of critic is not an agreeable one, but certainly the state of practice which now exists in this section needs to be radically changed, and nothing will be accomplished by shutting the eyes and holding the tongue. Gynecology is suffering on the one hand from the dabbling of practitioners who assume the treatment of uterine cases, knowing little or nothing of the subject, and upon the other hand from the enthusiasm of operators, which often leads to procedures in practice which sound judgment would not deem advisable. . . .

ON THE USE OF WATER IN THE TREATMENT OF DISEASES OF THE SKIN. By L. Duncan Bulkley, A. M., M. D., Physician to the Skin Department, Demilt Dispensary, New York; Attending Physician for Skin and Venereal Diseases at the Out-patient Department of New York Hospital; etc. Reprint from Chicago Medical Journal and Examiner, January, 1880.

TRANSACTIONS OF THE SOCIETY OF THE ALUMNI OF THE MEDICAL COLLEGE OF OHIO. Published by order of the Society. C. S. Muscroft, M. D., secretary. Cincinnati: Cincinnati Lancet print. 1880.

A FEW CASES OF LEPROSY. By J. H. Bemiss, M. D., Lahaina, Maui, H. I. Reprint from the April number of the New Orleans Medical and Surgical Journal.

THE ALIENIST AND NEUROLOGIST: A QUARTERLY JOURNAL OF SCIENTIFIC, CLINICAL, AND FORENSIC PSYCHIATRY AND NEUROLOGY. Intended especially to subserve the wants of the General Practitioner of Medicine. Edited by C. H. Hughes, M. D., and an associate corps of collaborators. St. Louis: Ev. E. Carreras, printer, publisher, and binder. 1880.

REPORT OF THE REVISION OF THE U. S. PHARMACOPEIA PRELIMINARY TO THE CONVENTION OF 1880. Being a Rough Draft of the General Principles, Titles, and Working Formulæ proposed for the next Pharmacopeia. Prepared and compiled by Charles Rice, chairman of the committee.

THE INFLUENCE OF SCHOOL-LIFE UPON THE EYE-SIGHT, WITH SPECIAL REFERENCE TO THE PUBLIC SCHOOLS OF DAYTON. By W. J. Conklin, M. D., Professor of Diseases of Children, Starling Medical College. Submitted to the Board of Education, March 12, 1880. Printed by order of the Board.

INDEX MEDICUS: A Monthly Classified Record of the Current Medical Literature of the World. Compiled under the supervision of Dr. John S. Billings, Surgeon United States Army, and Dr. Rob't Fletcher, M.R.C.S., Eng. Vol. I, No. 11. New York: F. Leopoldt, 13 and 15 Park Row.

TRANSACTIONS OF THE TENTH ANNUAL SESSION OF THE MEDICAL SOCIETY OF VIRGINIA. Held at Alexandria, October 21, 22, and 23, 1879. Part I—Commencing Vol. III. Richmond: J. W. Fergusson & Son, printers.

PROCEEDINGS OF THE LOUISIANA STATE MEDICAL ASSOCIATION AT ITS SECOND MEETING. Held in the city of New Orleans, April 9, 10, and 11, 1879. With the Constitution and By-laws. New Orleans: L. Graham, printer. 1879.

STATE MEDICINE AND STATE MEDICAL SOCIETIES. By Stanford E. Chaillé, A. M., M. D., of New Orleans. Extracted from Transactions of the American Medical Association. Phila.: Collins, printer, 705 Jayne Street. 1879.

PERIARTHRITIS: STUDY OF FORTY SEVEN CASES. By V. P. Gibney, A. M., M. D., of the Hospital for the Ruptured and Crippled. Reprint from the New York Medical Journal, May, 1880.

CARIES OF THE ANKLE IN CHILDREN. The Results of Expectant Treatment in Thirty Cases. By V. P. Gibney, A. M., M. D., of the Hospital for the Ruptured and Crippled, New York. Read at the New York State Medical Society, February 3, 1880. Reprint from the American Journal of Obstetrics and Diseases of Women and Children, Vol. XIII, No. 2, April, 1880.

AMERICAN JOURNAL OF INSANITY. Vol. XXXVI, No. 4, April, 1880. Utica, New York, State Lunatic Asylum. New York: Jno. Wiley & Son, Astor Place.

LAWYERS AND DOCTORS IN THE NEW PARLIAMENT.—One hundred and twenty-nine lawyers and seven doctors appear to have been returned to the new Parliament. No wonder the pickings of the law are lucrative and lavish.—*Medical Press and Circular*.

Pharmaceutical.

THE JAMAICA DOGWOOD of the Messrs. Parke, Davis & Co. attracts considerable attention in this locality. Verbal reports from a number of physicians go to show that in very many cases it is a substitute for opium. Experiments, we understand, have been instituted in the Lunatic Asylum at Anchorage, and its effect in several cases of mania has been most happy. We should be obliged to physicians for written reports upon the Jamaica dogwood. It is claimed for it that it has the quieting power of opium without its constipating and other bad effects. It is an ambitious rôle, and if it can fill it its fortune is made.

MANACA, furnished by the same house, is officinal in the Brazilian Dispensary, where it is classed as a powerful alterative and anti-rheumatic. It is also called, it is said, the vegetable mercury, on account of its power in syphilis. Concerning this drug we have as yet favorable although limited report. Professor Palmer is decided in his opinion that its anti-rheumatic powers are well marked.

THE SANGUIS BOVINUS EXSICUTUS is, of course, an old friend with a new face. At one time there was a vast number of believers in the restorative powers of blood, and many went to the shambles to drink it warm. The dried blood is presented in a palatable form, and, as those who may have read our several extracts on the subject, comes with good report.

Miscellany.

HYDRATE OF CHLORAL.—Dr. H. H. Kane, of New York City, who gave us a very good account of hypodermic morphia, is now investigating chloral. He especially requests members of the profession with any experience whatever in the use of the hydrate of chloral to answer the following questions, and give any information they may possess with reference to the literature of the subject:

1. What is your usual commencing dose?
2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours?
3. In what diseases have you used it (by the mouth, rectum, or hypodermically), and with what results?

4. Have you known it to affect the sight?
5. Have you ever seen cutaneous eruptions produced by it?
6. Have you known it to affect the sexual organs? If so, how?
7. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration, and *temperature*; manner of death; condition of the heart, lungs, and kidneys; general condition, age, temperament, employment, etc., etc. If an autopsy was held, please state the condition there found.
8. Have you seen any peculiar manifestations from chloral, as tetanus, convulsions, or delirium?
9. Do you know any cases of the chloral habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's temperament, and the present condition of the patient as regards bodily and mental state in general, and abnormalities of any organ, system, or apparatus in particular.

Physicians are earnestly requested to answer the above questions *fully*, especially 7 and 9, in order that the resulting statistics may be as valuable as possible.

All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 191 West Tenth Street, New York City.

AN ANCIENT REMEDY.—Medical Gazette: The following anecdote is told by a correspondent of the *Lancet*: Living in Canada, in the vicinity of a Chippewa Indian settlement, I am frequently asked for spirits to prepare various nostrums, in which they place much confidence. On one occasion an old fellow made his appearance with his bottle, which he requested me to fill. It already contained some curious-looking substance. This, on inquiry, proved to be the testicle of a beaver. The Indian explained to me that, when mixed with spirits, the concoction was a cure for certain kinds of headache. I related this circumstance to a friend, who shortly after wrote to me that he lit on a passage in Juvenal which showed that the pharmacy of the North American Indian was the same as was practiced in the first century of the Christian era. The passage is from Sat. xii, lines 30 to 36, and when translated read as follows: "A man with an overlaiden ship, when his hold was nearly full of water, essayed to come to terms with the winds by throwing part of his cargo overboard; imitating the beaver, who voluntarily makes himself a eunuch, desiring to escape with the loss of a testicle, for which the hunters are pursuing him; with such medicinal qualities does he know his groin is endowed."

If any one can read these beautiful stanzas of Dr. Holmes without feeling stronger and better, he is beyond the reach or need of tonics and without the pale of grace. We reprint them in these medical pages as the work of a doctor and the best medicine he ever gave. They appeared in the January Atlantic:

THE COMING ERA.

They tell us that the Muse is soon to fly hence,
Leaving the bowers of song that once were dear,
Her robes bequeathing to her sister, Science,
The groves of Pindus for the axe to clear.

Optics will claim the wandering eye of fancy,
Physics will grasp imagination's wings,
Plain fact exorcise fiction's necromancy,
The workshop hammer where the minstrel sings.

No more with laughter at Thalia's frolics
Our eyes shall twinkle till the tears run down,
But in her place the lecturer on hydraulics
Spout forth his watery science to the town.

No more our foolish passions and affections
The tragic Muse with mimic grief shall try,
But, nobler far, a course of vivisections
Teach what it costs a tortured brute to die.

The unearthed monad, long in buried rocks hid,
Shall tell the secret whence our being came;
The chemist show us death is life's black oxide,
Left when the breath no longer fans its flame.

Instead of crack-brained poets in their attics
Filling thin volumes with their flowery talk,
There shall be books of wholesome mathematics—
The tutor with his blackboard and his chalk.

No longer bards with madrigal and sonnet
Shall woo to moonlight walks the ribboned sex,
But side by side the beaver and the bonnet
Stroll, calmly pondering on some problem's x.

The sober bliss of serious calculation
Shall mock the trivial joys that fancy drew;
And O the rapture of a solved equation—
One self-same answer on the lips of two!

So speak in solemn tones our youthful sages,
Patient, severe, laborious, slow, exact,
As o'er creation's protoplasmic pages
They browse and munch the thistle-crops of fact.

And yet we've sometimes found it rather pleasant
To dream again the scenes that Shakespeare drew;
To walk the hillside with the Scottish peasant
Among the daisies wet with morning's dew;

To leave awhile the daylight of the real,
Led by the guidance of the master's hand,
For the strange radiance of the far ideal—
"The light that never was on sea or land."

Well, time alone can lift the future's curtain—
Science may teach our children all she knows,
But Love will kindle fresh young hearts, 'tis certain,
And June will not forget her blushing rose.

And so, in spite of all that time is bringing—
Treasures of truth and miracles of art,
Beauty and Love will keep the poet singing,
And song still live—the science of the heart.

Oliver Wendell Holmes.

"LOOKING FORWARD" AND "LOOKING BACK."—The ministry to minds diseased (Lancet) is a distinctly medical function, and there is a "preventive" aspect of medical psychology not less important than the personal hygiene of the physical life. Almost all the mental troubles that do not *directly* spring from organic disease, some of which may be reflexly the cause of physical changes in the cerebral and nerve structures they maltreat, are distinctly traceable to the effects of morbid imagining, and nearly all the disorderly mental processes of this class consist in unwisely "looking forward" or "looking back." Hope feeds on the future, and despair is poisoned by the dread of it. The misery of regret and disappointment is a creature of the past. The secret of health of mind and moral integrity consists in taking so firm a footing in the *present* that the mental equilibrium may not be easily disturbed. There is no need to ignore the lessons of the past, or to disregard the objects and obligations of the future; but it should not be forgotten that human life, with its opportunities, its duties, and its responsibilities, is an affair of *now*. We are led to offer this caution and recall the facts to memory because medical science has something to answer for in making men and women miserable by the discovery of incipient disease, which if simply unrecognized might in many instances have been harmless. The mental aspects of clinical practice are, we fear, too often left out of the count.

THE CASE OF HYPERPYREXIA AT THE AD-ELAIDE HOSPITAL, DUBLIN.—Last week we alluded to this remarkable case, under Dr. James Little's care. Since our former note the temperature has repeatedly risen to more extraordinary heights even than those then reported. On Monday evening, April 26th, a maximum of 125.5° F. was recorded. This marvelous temperature is probably unique in the annals of clinical medicine. Meanwhile the patient lives and does well.—*Med. Times and Gazette*.

ABERNETHY was greatly annoyed by the questions of an idle gossip concerning his patients. "How is Mr. H. this morning?" asked the gossip, who had been upon the watch for the physician. "He is ill," curtly replied Abernethy. "Does he keep his bed?" "Of course he does," replied the doctor; "you don't think he's been fool enough to sell it, do you?"

WHAT THEY ARE GOING TO DO TO THE DELEGATES.—*Boston Medical Journal*: The programme for the various public entertainments as now determined on is as follows: On Tuesday evening the general reception tendered the Association by the profession in New York and their friends will be held at the Academy of Music. The parquet will be floored over as for a ball, the music will be furnished by the Seventh Regiment band, and supper will be served by Delmonico in Nilsson Hall adjoining. Upon Wednesday evening an entertainment, consisting either of a grand concert at Steinway or Chickering Hall, or of a performance at Booth's Theater with Edwin Booth as the principal attraction, will be given under the auspices of the committee of arrangements, the expense for which will be provided for by some of the large wholesale drug-houses. Upon Thursday evening there will probably be a reception by Mayor Cooper at his private residence on Washington Square, at which the governor will be invited to be present; a reception at the Academy of Medicine, tendered by Profs. Thomas and Barker, and receptions at Dr. Marion Sims's and other houses of medical men. On Friday, immediately upon the final adjournment of the Association, at one o'clock, the steamboat excursion provided by Mr. William Wood, the publisher, will take place, as previously announced in the *Journal*. One feature of all the public entertainments, including that of Mr. Wood, will be that they will be conducted on a strictly temperance basis.

ENGLISH AND TURKISH RELIGION.—A correspondent of the *Lancet* (Med. Press and Circular) publishes a letter lately addressed to the secretary of King's College, by Dr. Tweedy, in which he observes that one of the conditions of candidature for the posts of Professor of Ophthalmology of King's College and Ophthalmic Surgeon of King's College Hospital is that "all candidates must be members of the United Church of England and Ireland, and must make a declaration to that effect in their application." Being unable to make such a declaration, he therefore asks whether he is disqualified as a candidate for these posts. The reply which he receives is that "the council would have no power to elect him. Their charter is decisive upon the subject in all cases except teachers of foreign languages."

This sectarian exclusiveness in an English Government institution the *Lancet's* correspondent very cogently contrasts with the

following explicit declaration of freedom of religion in Turkey. The paragraph appears in the *Times*, April 16, 1880: "The Sublime Porte having expressed its desire to maintain to the utmost extent the principles of religious liberty, the high contracting Powers take note of its spontaneous declaration. *In no part of the Ottoman Empire shall difference of religion to be held in the case of any person as a motive for exclusion from or disqualification for any public function, nor from the advantages of the exercise of any profession or industry.*"

QUINTUPLE BIRTH.—A woman living near New Glasgow, N. S., recently gave birth to five children, all of whom have, however, since died. Dr. P. D. Keyser, of this city, has exhibited to us a photograph of the quintuple babies lying side by side in their "little bed." The photograph was sent him by Dr. Hyde, of Truro, N. S., who stated that the children would probably have lived if they had had any chance. The parents were extremely poor, and lived six miles away from where any thing could be got for them. There was nothing in the house to even wrap them up in, and the doctor had to take the blind of the only window to make bandages. *Phila. Med. Rep.*

A MODEL STUDENT.—A young American, who had been in Paris a year studying medicine, was visited by his father. He paraded the old gentleman through the city and pointed out its architectural lions. Finally they halted in front of a many-pillared building. "What is that lordly pile?" asked the old man. "I don't know," replied the youth, "but there is a sergeant-de-ville." They crossed over and put the question. "That, gentlemen," said the official, "is the medical school."—*Med. Times and Gaz.*

ARE the utterances of a college professor in his class-room public property to such an extent that a listener of such lectures may have the right to publish them in book-form, and so prevent their author from giving to any one firm the exclusive right to publish them? This is the question to be decided in the New York courts in a suit between a Dr. Darling and a former student of his, Dr. Leo T. Meyer. Certain the question has a far-reaching interest, to say the least.—*Detroit Lancet.*

TRUE science is always skeptical.—*Med. Times and Gazette.*

ANONYMOUS journalism—that is, the editorial “we” in vogue in this country—has its advantages and the converse; the latter being more particularly apparent in the absence of honors bestowed on literary men. In France, where every article is signed, authors become at once public men, and are either ignored, prosecuted, or honored by successive governments, as it suits their purpose. The latest phase is the tribute to literature by the appointment of M. Léon Say as French Ambassador to the British Court, and of M. Lemoine in a similar capacity to the Belgian Court. While accepting the compliment to literature in other countries, we fear there is little reason to expect an extension of the same to this country under the present system of anonymous journalism.—*Med. Press and Circular.*

AMERICAN MEDICAL SCHOOLS.—Medical Press and Circular: It is notorious that in many parts of the United States a medical school is “run” with the intention of passing through as many men—with education or without it—as is possible in the shortest period. And to judge from the nonsense to be found in a good many of the American periodicals which reach us, the teachers can not be very far ahead of the taught. That there are good schools and good teachers in America is well known to all, but the majority can not be pronounced of a high type.

VICISSITUDES IN MEDICAL PAYMENTS.—A physician in high position, who had usually some trouble in obtaining payment from one of his patients who was a financier, received from him one day an agreeable surprise in the form of a charming letter, in which he apologized for having made him wait so long, and informed him that instead of recouping his careful attention by vile dross, he presented him with a number of shares in a new society which he had founded. The doctor accepted the shares, signing a receipt; but as these never brought him any dividends, he deposited them in his strong box and quite forgot all about them. Quite recently they were suddenly called to his mind on his receiving a summons to attend at a court of justice, there to hear his condemnation to pay ten thousand francs for unpaid deposits upon the shares, the society having fallen into bankruptcy. In another instance a medical practitioner received from a patient in payment of his services a cask of white Barsac wine. After a while the donor failed, fell ill, and

died. On examination of his books there was found an entry of the Barsac wine, valued at three hundred francs. This the doctor was obliged to pay; and upon claiming payment for his own medical services he was informed that a year had elapsed since they were rendered, and payment was therefore not recoverable.—*Union Méd.*

On the 22d of April Miss Sara Van Buren, a daughter of Prof. Wm. H. Van Buren, and granddaughter of the late Valentine Mott, was married to Mr. Jules E. Brugiére, of New York, at Dr. Van Buren's country-seat, at Shrewsbury, New Jersey.

Translations.

Ciliated Epithelium in the Female Peritoneum.—At the Société de Biologie Drs. Duval and Wiet reported that they had discovered the presence of vibratile ciliated cells in the peritoneum of the frog during ovulation. The discovery was made by sprinkling powdered charcoal upon the surface of the peritoneum and observing that it arranged itself in lines, indicating a true propulsion in the direction of the fallopian tubes. This was entirely absent in the males and also absent in the females except during the period of rutting. Dr. Duval stated that if ciliated cells existed upon the ovary of a woman during the menstrual period it would explain the passage of the ovule into the tubes without the adaptation of the fimbria to the ovary. Dr. Malassez said that he had examined a number of recently-extirpated ovarian tumors, and had found on several ciliated epithelium.

Contribution to the Study of Uremia.—At a meeting of the Société Médicale des Hôpitaux Dr. Debove related the case of a woman, aged sixty years, who passed no urine for fifteen successive days. On the sixteenth the catheter brought a few drops. She died on the twentieth. The autopsy revealed a cancer of the uterus, which had obliterated the ureters by pulling upon and bending them, not by cancerous infiltration. This case led Dr. D. to study the effect upon the blood of tying the ureters of animals. He found that after a certain amount of urea (4.4 grams per liter) has accumulated in the blood the increase ceases, and neither the sweat, feces, nor the vomited matters contain a proportionate increase of urea. He therefore concludes that when the blood becomes charged with urea to a certain amount the formation of this substance ceases and prevents the accumulation of a fatal amount in the blood.

Non-syphilitic Congenital Pemphigus.—Dr. Hervieux reported cases of pemphigus occurring at the Maternité in which no other symptom of disease existed, and no history of syphilitic taint. The bullae sometimes contained blood—always contained pus.

External Urethrotomy with the Thermo-Cautery.—Dr. Verneuil operated on three cases very satisfactorily lately—that is, without material hemorrhage or other complications. L. S. O.

Selections.

DR. BATTEY'S METHOD OF INTRA-UTERINE MEDICATION.

Says Dr. Battey: Eight years ago I was impressed with the opinion that the results obtained from intra-uterine medication by argentic nitrate and other escharotic remedies, as was then the custom in America, were very unsatisfactory. In my own practice it was a common observation that scanty menstruation of a permanent and intractable character followed upon the treatment, due apparently to a cicatricial condition of the endometrium left behind. In not a few cases stenosis of the os had to be remedied, and in some instances recurred time and again. In a few cases entire occlusion of the os occurred, and retained menses had to be evacuated.

In casting about for eligible substitutes, the iodine tincture and carbolic acid presented themselves, and were successively tried, both separately and in combination, but the results thus obtained were meager and unsatisfactory. Theoretically, iodine appeared to offer decided advantages, not only as a local stimulant to the uterus, but, in consequence of its ready absorption, as a local and general alterative also; but the official tincture proved too feeble in power to secure satisfactory results, and the strongest preparation of Dr. Churchill, of Dublin, was to me then unknown.

The thought of employing carbolic acid as a solvent for iodine suggested itself, and experiment developed a knowledge of the remarkable solubility of the latter in liquefied acid. At first one dram, then two, three, and four drams of iodine were found to be soluble in an ounce of the acid. The last and strongest solution proved to be decidedly escharotic in its action upon the tissues, and especially upon heterologous growths of low vitality, and has been much used by the writer for attacking uterine cancer, and more particularly to supplement the curette. The standard solution employed in intra-uterine medication consists of one part, by weight, of iodine dissolved in four parts of liquefied carbolic acid, and to this solution I have given the name iodized phenol.

Iodized phenol is believed to be simply a concentrated solution of iodine in carbolic acid, and not in a proper sense a chemical compound. It is black in color, syrupy in consistency, and possesses in marked degree the pungent odor of iodine, which is rapidly given off when it is heated.

Since its introduction into my practice the iodized phenol for intra-uterine medication has been employed by me to the almost entire exclusion of other remedies. In February, 1877, it was brought to the notice of the profession in America through the columns of the American Practitioner, and is to-day very much employed, but more especially in the Southern States. The recital of cases to illustrate its uses would be inconsistent with the brevity which should characterize the present writing, and hence it is proposed to present in general terms only the method of its application and the results obtained from its use.

At first it was employed in a state of more or less dilution with glycerin, but more recently it has been used only in its full strength, being the energy of the application, regulated by the quantity employed and the extent to which it is carried into the uterine cavity.

The instrument employed in making the application may be one of the many forms of applicators, so called, or any uterine probe or sound which will easily enter the canal. It is my habit, and I specially prefer, to use a rather slender and elastic hard india-rubber probe, made slightly tapering, and with a blunt, not bulbous, point. The elasticity of this probe allows it to yield rapidly to pressure, to change its course, to follow easily the canal of the cervix, and to enter the uterine cavity proper, and this in spite even of a moderate flexion or version of the uterus. From the cotton factory is obtained cotton wool in the form of an untwisted rope or roll, the fibers of the cotton being perfectly straight and lying parallel to each other. It is technically known to the cotton-spinners as "the lap," and can be purchased of the best quality at our factories for eight pence to ten pence sterling per pound. It is admirably suited for gynecological uses.

Mode of Application.—Having selected six or eight of the elastic probes, I break off from the cotton "lap" four or five inches, and with my fingers separate or split it into several fasciculi of such sizes as, when wound upon the probes, will enlarge them to the thickness desired. The end of a probe is now moistened slightly, and the fasciculus of cotton wound spirally upon it. The cotton-armed probe is now dipped into the iodized phenol, any redundancy is allowed to drip away, and the probe is passed into the uterus with a slow spiral movement as it advances. At first the probe is introduced but a short distance and immediately withdrawn, and the case rests here to test the tolerance of the uterus for the remedy. At subsequent stages the probe may be carried to the fundus, and followed immediately by a second and even by a third or fourth if well borne. The remainder of the wrapped probes are employed for wiping off the cervix or vaginal wall any of the phenol that may have touched these tissues. The energy of the application is regulated by the size of the wrapping, the depth to which the probe is passed, and the number of medicated probes used. When a very decided impression is to be made a backward turn is given to the probe in its withdrawal, so as to leave the saturated cotton in the uterus, there to remain twenty-four hours, or even until it is spontaneously expelled. The application is renewed every four to fourteen days, according to the energy of the treatment. I have abandoned the use of sponge tents in connection with the treatment set forth. When dilatation is required the cotton-wrapped probe is employed, and the cotton left as a soft tent in the canal. The dilating power of this is notably less than of sponge, but nearly equal to sea-tangle, and it is believed entirely safe.

Results of Iodized-Phenol in Uterine Disorders.—The results are the following:

1. A perfect removal of all cervical mucus, which is promptly coagulated, and comes away closely adhering to the cotton. The probes subsequently passed bring the remedy directly in contact with the diseased membrane.

2. Always comparative and usually entire freedom from pain. This is a marked feature of the method, and in striking contrast with former experience. Carbolic acid is a local anesthetic, and so numbs sensibility as to make the energetic application of iodine for the most part entirely devoid of pain.

3. The iodine is so rapidly absorbed by the uterus that the patient remarks its metallic taste in the

mouth and throat ordinarily five or ten minutes after the application.

4. Softening and more or less dilatation of the cervix and os.
5. There is temporary arrest of leucorrhœa, followed by
6. Watery discharge, sometimes bloody.
7. There is exfoliation of the superficial layer of the mucous membrane, which comes away in shreds, sometimes entire, and resembles glove-kid.
8. Abrasions of the os promptly heal.
9. Indurations of the uterus disappear.
10. Leucorrhœa is permanently arrested.
11. Villosities of the endometrium are removed without resort to the curette.
12. Subinvolution of the uterus disappears.
13. The menses become regular and healthy; menorrhagia and scanty menstruation, as well as dysmenorrhea, are remedied.
14. The appetite and digestion improve, and this, in many instances, without the use of medicines.
15. So thoroughly is the system impregnated with iodine that alteratives by the stomach are not used.
16. The form of the cervix and os is often completely changed. A large, puffy cervix, with patulous, slit-like os, becomes even virginal in type after long use of the remedy.
17. Stenosis has not followed the treatment in any cases noted.
18. Barrenness of nine to fourteen years' duration has been removed in several instances.

Remarks.—Rapid and at the same time satisfactory cure of chronic uterine ailments, such as are contemplated in this paper, is not attainable by any method of treatment known to me. It is not proposed that rapid cures can be made by the means herein set forth. On the contrary, the long standing and obstinate cases, such as usually fall in my hands, require many months for satisfactory cure.—*Boston Med. and Surg. Journal.*

Second Attack of Constitutional Syphilis.—

Two cases reported at a meeting of the Medico-Chirurgical Society of Louisville, March 5, 1880, by L. P. Yandell, M. D., and James M. Holloway, M. D.:

Dr. Yandell: A gentleman came to me two years ago in a cachectic condition, suffering from numerous and severe manifestations of secondary syphilis. He was a man of the strumous diathesis and a victim of malarial poisoning. Under quinine, iron, cod-liver oil, and malt, together with the moist mercurial vapor baths, he was, within a few months, entirely cured. His perfect recovery, when the condition described is considered (and I state further that he was beyond fifty years old), is rather remarkable. During the two following years he had no relapse—no syphilitic manifestation, though he often required iron, quinine, and sometimes the constructives. He got a prolonged course of iodide of potash after the baths.

A few months since he again consulted me for what his family physician considered *herpes*, but on pushing back the prepuce a semilunar, gristly induration, immediately behind the top of the glans penis, demonstrated that he was the victim of an indurated chancre. Under the same treatment that was used in the first instance, he is rapidly recovering. In something more than twenty years' practice, this is the first instance in which I have seen a second indurated chancre in the same individual; the first instance, at least, in which there is no possibility of

mistake. If my memory serves me right, Mr. Jonathan Hutchinson, of London, told me he had seen several cases, and I have it in black and white from Ricord, in a note written to me some years since, that he has seen several cases of the kind.

Dr. Holloway: Three years ago a colored man, aged fifty-eight years, attended the surgical clinic at the Hospital College, and was treated during an entire year for consecutive syphilis. The students had an opportunity to observe in his case almost all of the consecutive manifestations of the disease upon the mucous and cutaneous membranes, and not a few upon the bones and nervous system and lymphatic system. Under a persistent mercurial treatment (internally), followed by iodide of potash, the patient, though advanced in years, slowly recovered. While he was under treatment his wife was also a dispensary patient with the same disease, as was also his son, aged about eighteen years. The notes of my lectures during this time, taken by the advanced students, abound in references to these cases, especially that of the old man. He was otherwise healthy—free from the strumous and malarial complications referred to by Dr. Yandell. After his recovery he visited the dispensary frequently upon his own account, but oftener to introduce other patients. On these occasions his case was cited as a probable recovery from constitutional syphilis.

Last winter this man presented himself again for inspection, and upon a careful and thorough examination was proved to be the possessor of an indurated, split-pea-like chancre, which was located upon the preputial mucous membrane, near the corona glandis. The mucous membrane of the glans and prepuce and a narrow circle of the contiguous skin were free from pigment, rendering the appearances of the chancre identical with those of a white man. The inguinal lymphatics were symmetrically enlarged and painless.

This patient was given a mercurial course (calomel and opium internally), and directed to keep the sore dry and clean. After three weeks the chancre had disappeared. There had been no secondary symptoms three months after.

These cases prove either that one attack of constitutional syphilis does not give immunity from a second attack, or that the disease is curable. I entertain the latter opinion.

Such cases should be brought prominently before the profession. Frequently well-informed practitioners express doubts as to the curability of syphilis, and much oftener do I hear similar doubts expressed by non-professional persons. I not only believe firmly in the curability of syphilis by appropriate and judicious medication, but I have almost exclusive evidence that the disease is occasionally recovered from without any treatment whatever further than that denominated hygienic.

Mastitis Neonatorum.—The breasts of almost all infants, male or female, commence to swell the third or fourth day after birth. On pressure there flows out a white liquid chemically and histologically analogous to colostrum. The following days the secretion increases, and attains its maximum on the eighth day. For several days it then remains stationary, after which it gradually diminishes to the end of the third or fourth week. Quite frequently, however, the retention of this secretion is terminated by inflammation and the formation of an abscess of the size of a hazel-nut.—*Lyon Medical.*

Changes in the Eye in Pregnancy.—Mr. Henry Power read a paper bearing the above title before the Harveian Society of London:

He said these changes in the eye in pregnancy were not sufficiently attended to at present, and were commonly put down to general indisposition or liver disturbance. There were changes in the vascular system in pregnancy, and the eye was secondarily affected thereby. There was apt to be vascular fullness, with some cardiac hypertrophy, or there might be anemia and exhaustion, which might lead to corneal ulcer—central, slow, and painful—requiring for its treatment rest and tonics, or there might be an injury, as a scratch from the baby's nail, which ends in sloughing. Too much sewing was not good. Hemorrhage was rare without albuminuria, which is common in the latter months of pregnancy. It may be due to renal disease or to congestion of the kidneys. The vision is not necessarily affected in albuminuria. There may be lesions without impairment of vision. Often there is intense headache in albuminuria. Instances were then given of albuminuric retinitis, some of which were serious, others of little moment. White patches may be formed rapidly. They do not pass away so readily as hemorrhagic clots. In some cases nothing can be found. The treatment is that of renal disease.

Coccygodynia.—By William Goodell, M. D., in the Clinical News:

The name coccygodynia is derived from *coccyx* and *δύσπη*, pain. The distinguishing symptom of this disease is a very sharp pain in and about the sacro-coccygeal joint. This pain is always evoked whenever pressure is made on the tip of the coccyx, or whenever motion is communicated to the bone itself.

Such movements, then, of the body as produce contraction of these muscles will cause acute pain in a diseased or an hyperesthetic coccyx. Walking, therefore, very generally increases this pain, but above all do the acts of sitting down and of rising up. Since the anal sphincters take their origin from the tip of the coccyx, the pain is often most acute during the act of defecation. This fact often leads the practitioner astray, for he naturally attributes this symptom either to an angry pile, to an anal fissure, or to a prolapsed ovary. The diagnosis can be made out by catching the coccyx between the forefinger in the rectum and the thumb on the outside. Any movement communicated to it will then elicit very acute suffering.

This disease has often a traumatic origin, and it then can be traced up to some injury received by the coccyx. For instance, as woman advances in age the sacro coccygeal joint becomes ankylosed. Now, if late in life, she becomes pregnant, the ankylosis must give way during the labor. I have more than once heard in labor this joint snap with a sound so loud as to be heard at some distance from the bed. Then again, even where no ankylosis exists, the anterior coccygeal ligament may be overstretched, and perhaps torn across, by the passage of a large head. In effect, many women date their coccygodynia from some labor. But it is not from childbirth alone that the sacro-coccygeal articulation receives injury. One of the worst cases of this disease that I ever saw was brought about by a sudden fall. At a merry-making, some one in just pulled away the chair on which the lady was about to sit, and she came violently down upon her seat. The origin in another of my cases

was referred to the sudden jump of a horse on which my patient was riding. Sometimes the coccygodynia is merely a reflex symptom of some anal or some uterine lesion. I am, moreover, sure that this form of pain is often essentially neurotic—far more so, indeed, than is generally supposed—and that the coccygeal joint is as liable to become hysterical as is the joint or the other articulations. Further, just as an hysterical joint will mimic all the tokens of some local injury, so will the hysterical coccygodynia. The diagnosis between the traumatic disease and the nerve disease—between the genuine lesion and its imitation—is not easy; sometimes very perplexing. I shall not soon forget a case of very acute local suffering, referred by the lady to injuries sustained in horseback exercise, which turned out to be hysterical, and eventually got well. Yet I was so imposed on as to decide upon the removal of the coccyx, and had even gone so far as to fix the day for the operation before this protean malady had revealed its true nature. The only way of making this important distinction is to note the irregularity of the pain in the hysterical affection, an indescribable affectation of suffering, and the lack of consistency in the behavior of the symptoms.

The treatment of this disorder will, of course, vary with the cause, which must always be looked for. The hysterical affection is best treated by rest, massage, and electricity, as will be explained in a future lesson on nervous exhaustion.

All anal and uterine lesions must be remedied. Should no good follow, local hypodermic injections of morphia or of carbolic acid may be tried; and so also may rectal suppositories of iodoform. Some cases will in time get well spontaneously. Then again there are others which resist all treatment, whether local or constitutional. In the latter the suffering may demand surgical interference. This can be afforded in two ways. By one, the coccyx is cut down upon and extirpated by the bone-forceps. By the other a tenotomy-knife is passed in near the tip of the coccyx and carried up to the articulation. It is then made to shave off from the bone all its muscular and tendinous attachments. Thomas recommends that whenever there is difficulty in performing subcutaneous tenotomy in this region, an incision be made down upon the coccyx. The exposed tip is then lifted by the finger, while the attachments are snipped off on every side by a curved pair of scissors. Very little bleeding attends any of these operations, but the first one is the most effectual.

Solidified Bromine.—The utility of bromine as a disinfectant agent is now well recognized, but, owing to its liquid condition and difficulty of transportation, it has hitherto been but little used for such purposes. Chlorine, which is a gas, is always available by means of the solid commercial chloride of lime; but a similar method of binding bromine in a compound which would readily yield it up has heretofore been a desideratum. A manufacturer of Charlottenburg, Prussia, Mr. Frank, has conceived the idea to cause bromine to be absorbed by so-called "kiesel-guhr," that is, the siliceous marl which Ehrenberg has shown to consist of the microscopic shells of infusoria, and which is also used to absorb nitroglycerin, thus forming the well-known dynamite. The inventor has given to the mixture the inappropriate name "solidified or solid bromine." In this condition it is easily applied for disinfecting purposes.—*Med. Press and Circular.*

Transplantation of Testicle from Groin to Scrotum.—The following case, under the care of Mr. Wood, is reported in the *Lancet* of May 1st:

George D., aged thirteen: When quite young a tumor was noticed in right groin, which disappeared when he was lying down, but reappeared when he walked. He had worn a truss as long as he could remember. By this means he had prevented the descent of the tumor till ten days ago, when it slipped past the truss and could not be returned. Four days after he experienced great pain in the right groin, the tumor increasing rapidly in size, with sickness and constipation.

On admission, there was found at the right external ring a solid tumor, irreducible, excessively painful, and with no impulse on coughing. There was absence of the right testicle from the scrotum. The diagnosis was, an inflamed undescended testicle. An ice-bag was applied, followed in a week's time by diminution of the testicle to its original size. It could not, however be returned to the abdomen.

On February 28th Mr. Wood exposed the testicle, which was found to be somewhat smaller than its fellow, by a vertical incision over the external ring. The cavity of the tunica vaginalis could not be found, and seemed to have been obliterated. The testicle, especially at its upper border, was attached to the pillars of the ring by very firm adhesions, which were with some difficulty broken down. Mr. Wood then freed the cord for about an inch and a half, and though he found it considerably shortened, by making traction he was able to bring the testicle down about an inch. He then everted the scrotum, stitched the testicle by catgut to the everted part, put a small drainage-tube in, sewed up the opening, and applied a pad firmly above the testicle, the whole operation being performed antiseptically.

The patient slept well on the night of the operation. Next day the testicle, though slightly retracted, was still well out of the external ring. There was no pain complained of, the wound united by primary adhesion, and the drainage-tube was removed on March 10th. The temperature was never over 99°. On March 15th the patient was discharged, wearing a water-pad truss, which was specially constructed to keep the testicle in the scrotum.

Points in the Surgery of the Urinary Organs which Every Practitioner Ought to Know.—Mr. Teevan lately read a paper before the Harveian Society of London with the above title:

The *first point* he brought before the society was that retention of urine in children is always caused by a stone unless there is some mechanical obstruction to the escape of urine, such as a contracted meatus or tight foreskin.

Second—That incontinence of urine, which is diurnal as well as nocturnal, may be caused by a calculus impacted in the deeper portions of the urethra. He explained how it was that in one case a stone would give rise to retention and in the other to incontinence. When a calculus was at the meatus internus it was accurately and firmly embraced by the sphincter, so that no urine could escape. When, however, the stone advanced half an inch further forward it acted as a gag and prevented the sphincter from closing, so that the water dribbled away along the sinuosities in the calculus.

Third—That incontinence of urine in boys may be caused by a congenitally-contracted meatus. If the urine could not escape freely in the act of mictu-

rition, reflex irritation was set up and dribbling took place.

Fourth—That dribbling of urine in men signifies retention, not incontinence. He explained the apparent paradox, showing how in cases of enlarged prostate or stricture the patient always left some urine behind after each act of micturition, which gradually accumulated, the over-distended bladder not being able to contract on its contents, the action of the sphincter being still perfect. At last, however, the sphincter became weakened a little by the great pressure and leakage followed, so that urine was always dribbling away.

Fifth—That if, when a catheter was passed in a man, the urine was expelled with great pain and violence, not only through the instrument, but in streams by its sides, there must be a calculus impacted in the deeper portion of the urethra.

Sixth—That it is not possible to empty every man's bladder with a catheter, as the organ is sometimes sacculated.

Seventh—That a gleet of more than six months' duration means an incipient stricture.

Eighth—Behind an enlarged prostate always suspect a stone, as there are in that complaint all the conditions present for the local formation of calculus.

Ninth—If a man who complains of painful and frequent micturition is worse in the day than at night he most likely has a stone. Prostatic cases were much worse at night than in the day, whereas calculous patients were most comfortable while in bed, but when they moved about in the day they suffered greatly from the movements impressed on the stone.

Tenth—When a man who complained of frequent and painful micturition was much worse when riding in a vehicle or on a horse, he most probably suffered from stone. The explanation in the former point applied exactly to this also.

Eleventh—Before delivering a child see that the mother's bladder is empty.

Twelfth—If a woman had retention of urine after childbirth she ought to be relieved with an elastic olivary catheter, the interior of which was completely filled by a bougie. For the want of this precaution the catheter often became plugged with mucus, and cystitis was set up by the nurse's ineffectual attempts to withdraw the urine.

Salicylate of Quinine.—John Dearden, F. R. C. S., writes in the *Lancet* of May 1st: For the benefit of those physicians who wish to try the above in rheumatism I append a formula which I have used with benefit: Salicylic acid, 1 dram; disulphate of quinine, 10 grains; simple syrup, 1 ounce; strong liquor ammoniæ, 1 dram; water, to twelve ounces. Put the acid and quinine together into the vial, with about eight or nine ounces of water, agitate briskly for a few seconds, let the mixture stand a little while uncorked, then add the liquor ammoniæ, again agitating, then the syrup and the remainder of the water. A few drops more of the ammonia may be required to get a perfectly clear solution. I have found the addition of tincture of digitalis at times advantageous.

Tapeworm in the Lungs.—At a late meeting of the Philadelphia Academy of Natural Sciences Dr. H. C. Chapman described the lungs and liver of a monkey which were completely disintegrated and filled with cysts produced by an immature form of tapeworm. The animal had belonged to the collection in the Philadelphia Zoological Gardens.